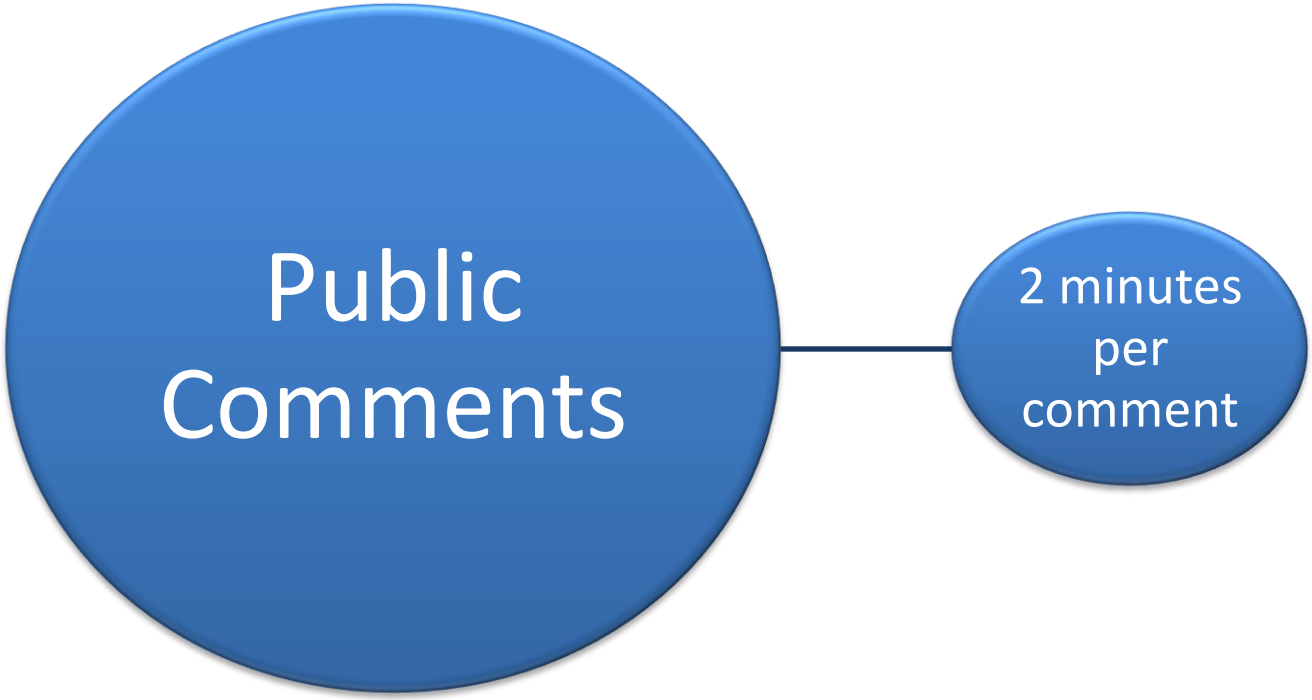
Quality Council

June 29, 2015

Meeting Agenda

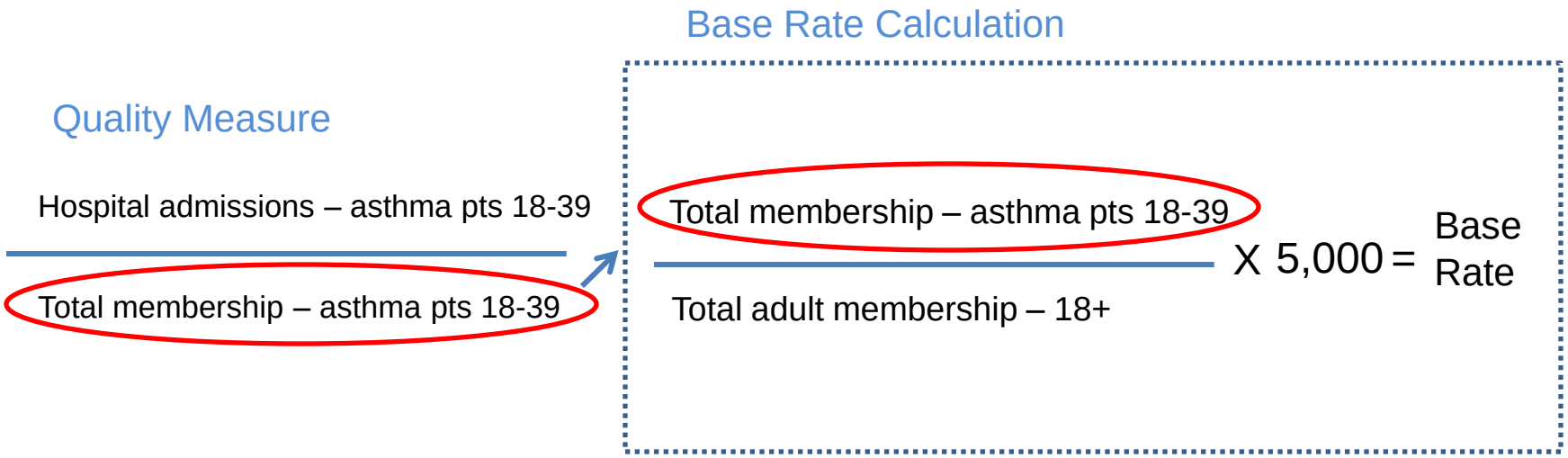
Item	Allotted Time
1. Call to order/Public comment/Minutes	15 min
2. Implementation Roadmap	15 min
3. Care Coordination & Patient Safety Measures	45 min
4. Meeting schedule/ Next Steps	5 min


Public Comments
2 minutes per comment

Care Coordination & Patient Safety Measures

Sample Base Rate Calculation – Ambulatory Care Sensitive Condition

Hospital Admission Young Adults with Asthma



Hospital Admission Measures: Base Rate Analysis

Measure	Base Rate Plan A	Base Rate Plan B	Base Rate Medicaid	Base Rate Sufficient?
Plan all-cause readmission	150-250*	>150		

*based on 2014 HEDIS Methodology

Care Coordination Measures: Base Rate Analysis

Measure	Base Rate** Plan A	Base Rate Plan B	Base Rate Medicaid	Base Rate Sufficient?
Skilled Nursing Facility 30-day All-Cause Readmission Measure (SNFRM)	Not Available	0-50		
All-cause unplanned admissions for patients with DM	250+	200-300		
All-cause unplanned admissions for patients with heart failure	50-150	<100		
All-cause unplanned admission for multiple chronic conditions (MCC)	50-150	Not Available		
Ambulatory sensitive conditions admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults	Not Available	50-150		
Ambulatory sensitive conditions admissions: heart failure (HF)	50-150	<100		
Hospital admissions for asthma (adults)	Not available	<100		
Ambulatory care sensitive condition composite admissions (adult)	250+*	250+		

*Inferred based on combined prevalence of asthma and diabetes, two of the conditions that comprise this measure
**Base rate means number of cases in the denominator per 5,000 general members (adult)

Care Coordination Measures: Base Rate Analysis

Measure	Base Rate Plan A	Base Rate Plan B	Base Rate Medicaid	Base Rate Sufficient?
Hospital admissions for asthma (pediatric)	150-250	Not Available		
Pediatric ambulatory care sensitive condition composite admissions	150-250*	Not Available		

*Inferred based on prevalence of asthma which is one of the conditions that would comprise the composite.
**Base rate means number of cases in the denominator per 5,000 general members (children under 18)

Emergency Department Measures

Domain: care coordination/patient safety		NQF	Steward	Source
	Annual % of asthma patients (ages 2-20) with one or more asthma-related emergency department visits	~~1381~~	Alabama	Claims
	Relative Resource Use for People w/ Asthma Subcategory – Ambulatory services: Emergency Department	1560	NCQA	

- Comment on asthma ED measure:
  - Asthma ED possible strong indicator of effective asthma management; however, NQF endorsement removed and AL will no longer steward
  - NCQA recommends CT consider using risk-standardized asthma ED observed/expected ratio that is one component of their relative resource utilization measure
  - NCQA measure is risk standardized, age stratified, results in observed to expected ratio; can do all ages or limit to pediatric; use of this measure for scorecard and payment appears to be without precedent.

Recommendation: Either asthma hospital admissions or ED use but not both

Emergency Department Measures

Domain: care coordination/patient safety		NQF	Steward	Source
	Potentially avoidable ER rate	-	Anthem	Claims
	ED Utilization: number of emergency department (ED) visits during measurement year (observed) and predicted probability of ED visits (expected) for members 18 years of age and older. Age, gender and co-morbid conditions are considered to calculate the expected number of ED discharges (Medicare only)	-	NCQA (new)	Claims

Emergency Department Measures

- Comment on avoidable ED measure:
  - Avoidable ED use is difficulty to measure accurately
  - Yale CORE advises not a clear dichotomy
  - VT reports effort to use NYU algorithm (Anthem also uses adaptation of NYU algorithm); providers concerned about lack of national benchmarks, difficulty categorizing visits reliably/accurately…some admissions are part avoidable/part un-avoidable, and measure does not give clear guidance as to which cases should have different follow-up; neither payment nor reporting ; they use for monitoring only

Recommendation: Implement new NCQA measure, reporting only

Other Measures Under Review

Domain: care coordination/patient safety		NQF	Steward
	Post-Admission Follow-up: Percentage of adults w/ inpatient "medicine" admissions with post-admission follow-up within 7 days of discharge	?	DSS
Domain: Behavioral Health		**NQF**	**Steward**
	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Co-morbid Conditions	N/A	CMS

Meeting Schedule

Meeting Schedule/Next Steps

- June 29 – Care coordination and patient safety measures
- Two meetings before August HISC
  - Wed July 15, Thu July 30? or
  - Alternative dates pending review of member schedules?
  - Longer sessions?
- Presentation to HISC – 8/13

Adjourn

Appendix

Updates

1. Oral health measures
   - Annual use/preventive visit measures previously recommended for Medicaid only
   - Recommend DSS review and recommendation for QC consideration

2. HIV measures
   - Previously reviewed by the Council, which recommended further review of current reporting requirements under Ryan White and the availability of corresponding data and benchmark information
   - These measures remain under consideration pending completion of a review of above by DPH and PMO; target date for completion 9/30/15

3. Data sources
   - Data source information is available for Council review in a separate document on the SIM website here.
   - Members should submit comments to the PMO, if any, by July 15; PMO will continue to update proposed source data based on Council member input and any additional information that becomes available.